

Case Number:	CM14-0113404		
Date Assigned:	08/01/2014	Date of Injury:	04/28/1997
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male who reported an injury on 04/28/1997. The mechanism of injury was not specified. His diagnoses included lumbosacral spondylosis, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar disc displacement without myelopathy, and cervical disc displacement. He had an MRI of the lumbar spine on 06/02/2009. His treatments consisted of radiofrequency lesioning and facet injections. He had several lumbar spine surgeries in the early 1980's and 1990's. On 07/10/2014 the injured worker reported chronic low back pain. He reported that stress was possibly causing his pain to flare up. Physical findings included lumbar extension measured at 20 degrees, flexion at 50 degrees, and motor strength was 5/5. His medications included Fentanyl 50mcg/hr patch, Norco, and Norflex. The treatment plan was for Hydrocodone bit/APAP 10/325 #30ms, 1-2 Tablet/s Every 8 Hours #180 for 3 Months. The rationale for request was not provided. The request for authorization form was submitted on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone bit/APAP 10/325 #30ms, 1-2 Tablet/s Every 8 Hours, Quantity 180, for 3 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. www.

RxList.com.Official Disability Guidelines Workers Compensation Drug Formulary,
www.odg.twc.com/odgtwc/formulary.htm*drugs.com*Epocrates Online

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: Based on the clinical information submitted for review, the request for Hydrocodone bit/APAP 10/325 #30ms, 1-2 Tablet/s Every 8 Hours #180 for 3 Months is not medically necessary. As stated in California MTUS Guidelines, opioids for chronic back pain seem to be effective for short-term pain relief, but long term efficacy is unclear and also appears limited. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker complained of chronic lumbar pain. The guidelines indicate that the ongoing use of opioids requires unending documentation and assessment of pain relief, functional status, appropriate medication use, and side effects; however, the clinical documentation failed to note if the injured worker had any functional gains with the medication. There was a lack of documentation to show that the physician did a detailed pain assessment which included his current pain at the time of the visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There was a note on 07/10/2014 stating that the urine drug screen dated 05/28/2014 was consistent with the use of Hydrocodone and Fentanyl. Furthermore, the recommended daily morphine equivalent dose is 120mg; however, based on the information provided, the total daily morphine equivalent dose of the Hydrocodone/APAP and Fentanyl patch was 180mg which exceeds the recommendation. As such, the request for Hydrocodone bit/APAP 10/325 #30ms, 1-2 Tablet/s Every 8 Hours #180 for 3 Months is not medically necessary.